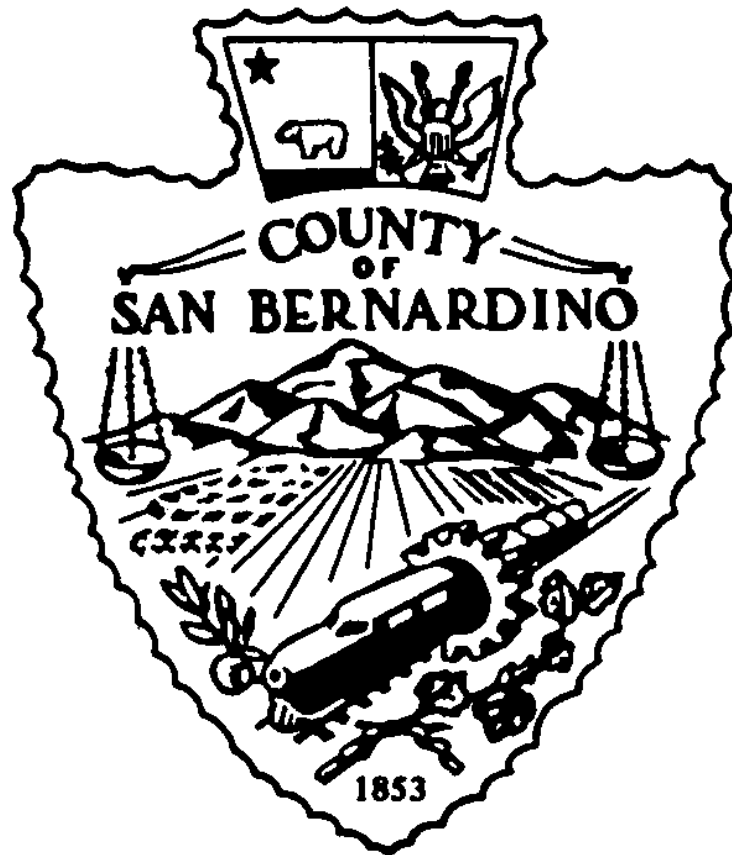
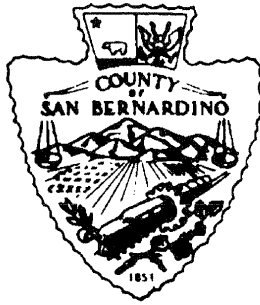


# Bloodborne





**County of San Bernardino**

# **BLOODBORNE PATHOGEN Program**

**September, 2000**

**Human Resources  
Risk Management Division**



**Human Resources  
Risk Management Division  
TABLE OF CONTENTS**

<b>SUBJECT</b>	<b>PAGE</b>
SCOPE, PURPOSE, INTRODUCTION.....	187
DEFINITIONS.....	188
INFECTION CONTROL.....	188
EXPOSURE INCIDENT REPORTING.....	189
POST-EXPOSURE EVALUATION AND FOLLOW-UP.....	190
OTHER MEDICAL SERVICES REQUIRED.....	192
TRAINING AND EDUCATION.....	193
RECORDKEEPING.....	193
COMMUNICATION OF HAZARDS TO EMPLOYEES.....	195
EXPOSURE CONTROL.....	196
VACCINE DECLINATION Addendum A.....	202
BLOODBORNE PATHOGEN & TUBERCULOSIS EXPOSURE REPORT Addendum B.....	203
EVALUATION/FOLLOW-UP PROCEDURE Addendum C.....	205
AUTHORIZATION FOR HEPATITIS B VACCINATION Addendum D.....	209
CODE OF SAFE WORK PRACTICES Addendum E.....	210
EMPLOYEE TRAINING CHECKLIST Addendum F.....	212
SAMPLE EXPOSURE CONTROL PLAN Addendum G.....	213
BLOODBORNE PATHOGEN ACTION PROCEDURE Addendum H.....	225
SHARPS INJURY LOG Addendum I.....	228.1

7/01

safety/docs/sftymnl/bloodborne pathogen program



# County of San Bernardino

## BLOODBORNE PATHOGEN PROGRAM

### SCOPE

This program applies to all work places and employment within San Bernardino County, where in the normal course of job duties there is a **reasonable likelihood** that employees may be exposed to human blood, blood components, products made from human blood, body fluids, human tissue and organs, medical waste, or other potentially infectious material. **This procedure sets forth minimum standards for all County departments.** Individual departments may implement more stringent standards. Copies of department-prepared programs that differ from the elements herein are to be provided to Risk Management Division/Safety Section for review. In many cases, exposure to potential infectious material requires medical evaluation/follow-up which is not compensable under the County Self-Insured Workers' Compensation program.

California employers are required to furnish pre-exposure immunization from Hepatitis B Virus to employees who have a reasonable likelihood of exposure to sources of the virus and post exposure medical evaluation/follow up to employees who have experienced an exposure incident to potential sources of Human Immunodeficiency Virus and Hepatitis B Virus.

Because the expenses of immunization and post exposure medical evaluation/follow up are considered preventative and not compensable as a California Workers' Compensation Benefit, a program administered by the Risk Management Division Safety/Loss Prevention section is funded to provide these medical services to appropriate employees.

Under specific conditions defined herein, this program also provides employees specific medical services in the event of exposure to an infectious source of tuberculosis.

### PURPOSE

The purpose of this program is to eliminate or minimize the risk of employee exposure to infectious agents, specifically Hepatitis B Virus (HBV) and Human Immunodeficiency Virus

(HIV), to prevent infection and disease that might occur as a result of exposure to those agents, and to provide a means by which departments may provide medical attention to employees, the expenses for which are not compensable under the County Self-Insured Workers' Compensation program. This purpose is served through the **EDUCATION OF EMPLOYEES, UTILIZATION OF APPROPRIATE ENGINEERING AND WORK PRACTICE CONTROLS, THE USE OF PROTECTIVE EQUIPMENT, MAINTAINING SANITARY WORKING CONDITIONS, THE PRACTICE OF APPROPRIATE MEDICAL SURVEILLANCE AND IN UTILIZATION OF APPROPRIATE VACCINES AND MEDICAL TREATMENT.**

### INTRODUCTION

The potential for exposure to infectious agents through contact with body fluids or other elements as described under "Scope" exists in many areas of employment throughout the County of San Bernardino.

It is imperative that such exposure, as well as the impact upon employee health as a result of exposure, be minimized.

This program has been established to safeguard the health and safety of County employees. Included are specific provisions required of each department within the County having job activities that present a possibility of employee exposure to infectious agents, specifically Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV). It is important that all managers/supervisors thoroughly understand the elements of this program.

Departments are obligated to assure that employees receive specific levels of medical evaluation/follow-up which are not compensable under the County Self-Insured Workers' Compensation program. These expenses are paid through a program administered by the Risk Management Division Safety/Loss Prevention Section.

In implementing this program, all affected County departments shall engage in "UNIVERSAL PRECAUTIONS" relative to infection control,

employee training, and supervision of the work force.

## DEFINITIONS

### INFECTIOUS AGENT

Biologic agent (microorganism) capable of invading human tissue and producing disease that can cause or significantly contribute to death or irreversible, incapacitating or reversible illness.

1. Blood-borne Infectious Agent. An infectious agent present in human blood, that can infect and cause disease in humans through exposure to blood, blood products, body fluids, or other potentially infectious material. These agents include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).

### BODY FLUIDS

1. Fluids from humans in health care and public safety settings. These include fluid blood, blood products, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, saliva in dental procedures, and any body fluid that is visibly contaminated with blood;
2. Other body fluids, human or animal, known to transmit, or with reasonable diligence should be suspected of transmitting infectious agents, and exposure to which poses an increased risk of infection.

### OTHER POTENTIALLY INFECTIOUS MATERIAL

1. Material that is known to transmit, or with reasonable diligence should be suspected of transmitting, infectious agents, and exposure to which poses an increased risk of infection.

### EXPOSURE

1. Occupational Exposure. **Reasonably anticipated** skin, eye, mucous membrane, or parenteral contact with blood, body substances, or other potentially infectious material, that may result from performance of an employee's duties. This definition **excludes** the possibility of incidental exposures that may take place on the job, and that are neither reasonably nor routinely expected and that the worker is

not required to incur in the normal course of employment.

2. Exposure Incident. A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood, body fluids, or other potentially infectious material, that results from performance of an employee's duties.
3. Parenteral. Exposure incident occurring as a result of piercing mucous membrane or the skin barrier (e.g. subcutaneous, intramuscular, intravenous routes).
4. Needleless System. Any device that does not utilize needles for the withdrawal of body fluids after initial venous or arterial access is established; the administration of medication or fluids; and any other procedure involving the potential for an exposure incident.
5. Sharps. Any object that can penetrate the skin including needles, scalpels, and broken capillary tubes.

### UNIVERSAL PRECAUTIONS

1. Universal precautions is the **unequivocal** assumption that all human blood, semen, vaginal secretions, cerebrospinal fluids, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, body fluid visibly contaminated with blood, any unfixed tissue or organ from a human (living or dead), cell tissue or organ cultures, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids, **are known to be infectious** for HIV, HBV, and other blood-borne pathogens, and are treated as such.

## INFECTION CONTROL

1. Exposure Determination.
  - a. Each department having any job activity that presents a potential for "OCCUPATIONAL EXPOSURE", as defined on page 188, shall identify and document those tasks and procedures where occupational exposure may take place.

- b. Each department shall identify and document all positions by title, which by the nature of the position, involve occupational exposure, as defined above.
  - c. As a result of 1a and 1b immediately above, departments shall prepare three lists as follows:
    - i. A list of job classifications in which all employees in those job classifications have occupational exposure;
    - ii. A list of job classifications in which some employees in the classifications have occupational exposure;
    - iii. A list of all tasks and procedures or groups of closely related tasks and procedures in which occupational exposure occurs.
  - d. **The determination as to "OCCUPATIONAL EXPOSURE" as defined herein shall be made without regard to the use of personal protective equipment.** That is, if a position or task may be reasonably anticipated to bring an employee into contact with body fluids, blood, or other elements as previously described, the wearing of protective equipment or clothing to prevent such contact does not eliminate the fact such employee is subject to "OCCUPATIONAL EXPOSURE".
- ii. The department schedule and method of implementation for each of the elements of the County Bloodborne Pathogen Program, which, in addition to the **Exposure Determination**, includes:
    - (A) Incident Reporting
    - (B) Post Exposure Procedures
    - (C) Other Medical Services
    - (D) Training - Education
    - (E) Record Keeping
    - (F) Exposure Control
    - (G) Sharps Injury Log
  - c. The Exposure Control Plan shall be reviewed and updated as necessary to reflect significant changes in tasks or procedures.
  - d. Addendum G, (page 213) of this procedure includes a sample exposure control plan which may be used to develop individual County department plans.
  - e. The Exposure Control Plan prepared by each County department shall be made available to Risk Management Division/Safety Section, upon request.

## 2. Exposure Control Plan.

- a. Each department having employees whose duties may reasonably be anticipated to result in "Occupational Exposure" shall establish a written **EXPOSURE CONTROL PLAN** designed to minimize or eliminate employee exposure.
- b. This Exposure Control Plan shall contain the following as a minimum:
  - i. The exposure determination required by Section 1 above and;

## **EXPOSURE INCIDENT REPORTING**

With regard to exposure incidents, time is of the essence in assuring employees receive the prompt medical attention necessary to mitigate the impact of exposure to a positive source individual upon an employees health.

County employees affected by this program are to be instructed to report exposure incidents **immediately** to their supervisor. Initial reporting required by this program includes the County Form #15-19418-000 Rev 6/01 "Bloodborne Pathogen & Tuberculosis Exposure Report", Addendum B (page 203). The report



shall be prepared by the exposed employee's immediate supervisor as soon as feasible following the time of exposure.

Exposure incidents, as defined on page 188 of this program, shall be reported to Risk Management Division/Safety Section on County Form #15-19418-000 Rev 6/01. A copy of this report form is included as Addendum B of this program. **County Form #5020, "Employers First Report of Occupational Illness or Injury" is NOT to be used in reporting exposure incidents as defined herein.**

In addition to the reporting described above, the State of California, Health and Welfare Agency, Department of Health Services, requires a report of all potential HIV exposure incidents that involve law enforcement employees. A supply of this report, State Form #DHS 8479 (3/93) may be obtained by calling (916) 322-0891. Individual departments are to establish procedures to assure the state required form is completed as appropriate.

### **SHARPS INJURY LOG**

The Sharps Injury Log, Addendum I, (page 228.1) is a record of each exposure incident involving a sharp. The exposure incident shall be recorded on the log within 14 working days.

### **POST-EXPOSURE MEDICAL EVALUATION AND FOLLOW-UP**

Following an employee report of a specific exposure incident, departments shall promptly, but during normal business hours, make available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements

1. Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred. The County form #15-19418-000 Rev 6/01, shall be completed for the purpose of this documentation. This form is to be completed by the reporting employee's immediate supervisor. When completed, this report will include medically sensitive confidential information. Supervisory and other County personnel are subject to severe personal civil and criminal liability for willful unauthorized release of such confidential information. Therefore, Bloodborne Pathogen & Tuberculosis Exposure Reports are to be prepared, maintained, distributed and controlled

strictly according to the instructions provided on the report form.

2. Identification and documentation of the source individual, unless the department can establish that identification is not possible or prohibited by state or local law;
  - a. Individual departments are to establish internal procedures to unequivocally insure the source individual's blood is tested as soon as possible, but after consent is obtained from the source individual, in order to determine HBV, HBC, and HIV infectivity. If consent is not obtained, a department shall promptly establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested, the results documented, and the results provided to the medical professional selected as the evaluator. California Penal Code sections provide legal mandates by which individuals within the criminal justice system may be required to consent to testing. Affected departments shall assure administrative/ supervisory personnel are conversant with appropriate sections of the Penal Code and that source individual testing occurs at every opportunity.
  - b. Individual departments are to establish procedures, identify medical laboratories, and establish funding to assure that source individual HIV/HBV testing is accomplished unless legally prohibited.
  - c. When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated. Such knowledge is to be provided to the medical professional selected as the evaluator.

- d. Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual. **These results are to only be provided the employee by the selected medical evaluator.**

3. Collection and testing of blood for HBV, HBC, and HIV serological status;

- a. The immediate supervisor of an employee suffering an exposure incident shall refer the employee for medical evaluation/follow-up. Medical professionals for evaluation/follow-up are to be selected from a list provided by Risk Management Division/Safety Section. Referrals are to be made using the bottom portion of the County form #15-19418-000 Rev 6/01.
- b. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained. The medical evaluator shall complete or assure completion of this process.
- c. If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.
- d. The exposed employee must consent to providing blood samples and to testing for Hepatitis B and Hepatitis C to be included in the medical evaluation/follow-up procedure at County expense.

4. Physician's Written Opinion

For each evaluation under this program, the department shall obtain and provide the employee a copy of the evaluating physician's written opinion within 15 working days of completion of the

evaluation. The San Bernardino County Medical Evaluation/Follow-up procedure provides that medical evaluators shall send a copy of the written opinion to the referring supervisor. A copy of the written opinion shall be sent to Human Resources/Risk Management/Safety Section by the medical evaluator. This written opinion shall be limited to the following information:

- a. The physician's recommended limitations upon the employee's ability to receive Hepatitis B vaccination.
- b. A statement that the employee has been informed of the results of the medical evaluation and that the employee has been told about any medical conditions resulting from exposure to body fluids or other potentially infectious materials which require further evaluation or treatment.
- c. Specific findings or diagnoses, which are related to the employee's ability to receive HBV vaccination. Any other findings and diagnoses shall remain confidential.

5. HBV Vaccination - Post Exposure Incident

- a. **HBV vaccination shall be offered to all employees involved in an exposure incident**, as defined on page 188 of this program, unless the employee has a previous HBV vaccination or unless antibody testing has revealed that the employee is immune or unless the employee declines vaccination. If the employee initially declines HBV vaccination but at a later date decides to accept the HBV vaccine, the department shall assure vaccine is provided at that time. Should a booster dose(s) be recommended by the U.S. Department of Health and Human Services, Centers for Disease Control, at a future date, such booster dose(s) shall be provided according to standard recommendations for medical practice.

## OTHER MEDICAL SERVICES

Bernardino County Self-Insured  
Workers' Compensation Program.

### 1. General.

- a. Individual departments shall assure that medical services required by this program are provided employees. These services shall include the availability of Hepatitis B vaccination to all employees who are subject to occupational exposure as defined on page 188 of this program and post-exposure medical evaluation/follow-up for all employees who have experienced an exposure incident, as defined on page 188 of this program.
- b. All medical evaluations and procedures are to be performed by or under the supervision of a licensed physician and all laboratory tests are to be conducted by an accredited laboratory.
- c. Departments shall assure that all evaluations, procedures, vaccinations, and post-exposure prophylaxis are provided without cost or loss in pay to the employee, at a reasonable time and place, and according to recommendations for such medical practice recommended by the U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, in effect at the time of exposure.
- d. All medical evaluation/follow-up provided San Bernardino County employees and required by this program are to be performed at medical service providers selected by Human Resources/Risk Management Division/Safety Section.
- e. All medical evaluation/follow-up provided under this program, shall be in strict accordance with the San Bernardino County Bloodborne Pathogen Exposure Incident Medical Evaluation/Follow-up procedure included as Addendum C (page 205) of this program.
- f. Medical evaluation/follow-up and associated costs are not compensable under the San

- g. Medical evaluation/follow-up expenses will be paid by Risk Management Division Safety/Loss Prevention Section when employees are sent to approved, pre-selected, medical facilities following an "exposure incident" as defined on page 188.
- h. Hepatitis B immunization expenses will be paid by Risk Management Division Safety/Loss Prevention Section when eligible employees are sent to approved, pre-selected medical facilities for immunization.
- i. Medical evaluation/follow-up and immunization expenses incurred at other than approved, pre-selected, medical facilities will be paid either by the department or employee based upon who selected the incorrect medical facility for services.

### 2. HBV Vaccination - Pre-Incident.

- a. **HBV vaccination shall be offered to all employees subject to occupational exposure**, as defined on page 188 of this program.
- b. All employees offered and who decline the vaccine shall sign a vaccination declination stating that they have been informed and understand the vaccination procedure. The Vaccination Declination form included as Addendum A (page 202) of this program is to be used by all San Bernardino County Departments. The Vaccination Declination form shall be maintained as a part of medical records as provided on page 202 of this program.

4. Addendums B (page 203) and D (page 209) are examples of medical referral forms which are to be used exclusively in connection with the requirements of this program. These forms are to be used in referring employees only to providers of medical service which have been selected by Human Resources Risk Management Division Safety Section.

## TRAINING AND EDUCATION

1. In addition to compliance with the provisions of the County of San Bernardino Occupational Injury/Illness Prevention Program, departments shall ensure that all employees subject to this program participate in a training program appropriate for the infectious agents to which they may be exposed.
2. Training shall be provided at the time of initial employment and at least annually thereafter.
3. Material appropriate in content and vocabulary to educational level, literacy, and language background of employees shall be used.
4. The training program shall contain the following elements:
  - a. A copy of this program and an explanation of its contents;
  - b. A copy of the department Exposure Control Plan;
  - c. A general explanation of the epidemiology and symptoms of the infectious diseases resulting from the infectious agents to which the employee may be exposed;
  - d. A copy and explanation of Code of Safe Work Practices included as Addendum E herein;
  - e. An explanation of the modes of transmission of the infectious agents to which they may be exposed;
  - f. An explanation of the appropriate methods for recognizing tasks and other activities that may involve

- exposure to body fluids and other potentially infectious material;
- g. An explanation of the use and limitations of practices that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;
- h. Information on the types, proper use, location, removal, handling, decontamination and/or disposal of personal protective clothing and equipment;
- i. An explanation of the basis for selection of protective clothing and equipment.
- j. Information on Hepatitis B vaccine, including information on its efficacy, safety, and the benefits of being vaccinated;
- k. Information on the appropriate actions to take and persons to contact in an emergency; and
- l. An explanation of the procedure to follow if an occupational exposure occurs, including the method of reporting the incident and the medical follow-up that will be made available, and information on the medical counseling that is provided for exposed individuals.

## RECORDKEEPING

### 1. Medical Records.

- a. Each department shall assure that Risk Management Division Safety/Loss Prevention Section is provided documentation necessary to establish and maintain an accurate record for each employee subject to the provisions of this program. Under normal reporting conditions, required documentation is provided by facilities rendering medical evaluation/follow-up care or immunization.

- b. This record shall include:
    - i. The name and social security number of the employee;
    - ii. A copy of the employee's Hepatitis B vaccination records and medical records relative to the employee's ability to receive vaccination or the circumstances of an exposure incident;
    - iii. A copy of all results of physical examinations, medical testing, and follow up procedures as they relate to the employee's ability to receive vaccination or to post exposure evaluation following an exposure incident;
    - iv. The employer's copy of any physician's written opinion.
    - v. The report included as Addendum B (page 203) of this procedure.
    - vi. A copy of the signed vaccination declination of employee refusing vaccine.
  - c. **Confidentiality.** Individual departments shall assure that employee medical records on file at departments are:
    - i. Kept confidential;
    - ii. Are not disclosed or reported to any person within or outside the workplace except as required by this program, instructions on the reports included as addendums, or as may be required by law.
  - d. Risk Management Division Safety Section will maintain medical records for at least the duration of employment plus 30 years in accordance with Title 8, California Code of Regulations, General Industry Safety Orders, Section 3204.
2. **Training Documentation.**
    - a. Training records shall be maintained by individual departments and include the following information:
      - i. Dates of training sessions;
      - ii. Contents or a summary of the training sessions;
      - iii. Names of persons conducting the training; and
      - iv. Names of all persons attending training sessions.
    - b. These records shall be maintained by individual departments for 5 years.
  3. All training shall be documented on the form "Employee Training Checklist", a copy of which is attached as Addendum F (page 212) to this program. Training relative to Bloodborne Pathogen shall be identified and noted at item #16 on the form.
  4. **Sharps Injury Log.**

The Sharps Injury Log shall be maintained by the individual departments for 5 years from the date the exposure incident occurred.
  5. **Records Availability.**
    - a. All records required to be maintained by this program shall be made available upon request to the Chief of the Division of Occupational Safety and Health and designated representatives for examination and copying.
    - b. Employee training records required by this program shall be provided upon request for examination and copying to employees, employee representatives, and to the Chief of the Division of Occupational Safety and Health and designated representatives in accordance with Title 8, California Code of Regulations, General Industry Safety Orders, Section 3204.

Records availability shall be strictly limited by all regulations governing medically sensitive or confidential information.

- c. All requests for records, other than training documentation, shall be reviewed and authorized by County Counsel, San Bernardino County prior to release of any information.
- d. Employee medical and training records required by this program shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, and to the Chief of the Division of Occupational Safety and Health and designated representatives in accordance with Title 8, California Code of Regulations, General Industry Safety Orders, Section 3204. Such release is subject to the review established in Paragraph (c) immediately above.

6. Transfer of records.

Departments shall comply with the requirements involving transfer of records set forth in Title 8, California Code of Regulations, General Industry Safety Orders, Section 3204.

## **COMMUNICATION OF HAZARDS TO EMPLOYEES**

### LABELS AND SIGNS

- 1. Labels.
  - a. Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials.
  - b. Labels required by this section shall include the standard Bio-Hazard Legend.
  - c. Labels shall be fluorescent orange or predominantly so, with lettering or symbols in a contrasting color.

- d. Labels required shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.
- e. Disposal bags and other containers used for regulated waste under the provisions of this program shall be red in color and shall include the standard Bio-Hazard legend.
- f. Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirements of outlined previously.
- g. Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.
- h. Labels required for contaminated equipment shall be in accordance with these labeling standards and shall also state which portions of the equipment remain contaminated.
- i. Regulated waste that has been decontaminated need not be labeled or color-coded.

2. Signs.

- a. Departments shall post signs at the entrance to work areas specified as HIV and HBV Research Laboratory and Production Facilities, which shall bear the following legend:

### **BIOHAZARD**

**(NAME OF THE INFECTIOUS AGENT)**

**(SPECIAL REQUIREMENTS FOR ENTERING THE AREA)**

(NAME, TELEPHONE NUMBER OF THE  
LABORATORY DIRECTOR OR OTHER  
RESPONSIBLE PERSON)

- b. These signs shall be fluorescent orange-red, or predominantly so, with lettering or symbols a contrasting color.

## EXPOSURE CONTROL

This program requires individual County Departments to prepare specific exposure control plans. The purpose of these is to detail steps for employees to take in avoiding exposure. Addendum G provides a sample Exposure Control Plan which may be used as a guideline.

## METHODS OF COMPLIANCE

1. General. Each County department shall assure that **Universal precautions** are observed and thereby prevent all but inadvertent, unavoidable, or accidental employee contact with body fluids described previously herein, blood, or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, **all body fluids shall be considered infectious**.
2. Engineering and work practice controls. Each County department shall implement appropriate engineering and **work practice** controls so as to eliminate or minimize employee exposure. Where the possibility of exposure remains after implementation of controls, personal protective equipment shall be used to minimize exposure.  
  
Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.
3. Departments shall provide hand washing facilities which are readily accessible to employees in work environments which include **Occupational Exposure**.
4. When provision of hand washing facilities is not feasible, employees shall be provided either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels, or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, employees are to be **specifically instructed** to wash hands

with soap and running water as soon as feasible.

5. Department procedure shall specifically require that employees wash their hands and any other skin with soap and water, or flush mucous membranes with water, immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.
6. Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed except as noted below. **Shearing or breaking of contaminated needles is prohibited**.
  - a. Contaminated needles and other contaminated sharps shall not be recapped or removed unless the department can demonstrate that **no alternative is feasible or that such action is required by a specific medical procedure**.
  - b. Any justifiable recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.
7. Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. All such containers must be:
  - a. Puncture resistant;
  - b. Labeled or color-coded in accordance with this program;
  - c. Leak proof on the sides and bottom; and
  - d. In accordance with the requirements set forth on Page 200, "Regulated Waste" of this program, relative to reusable sharps.
8. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are to be prohibited by all departments in work areas where there is

a reasonable likelihood of occupational exposure.

9. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on counter tops or bench tops where blood or other potentially infectious materials are present.
10. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.
11. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
12. Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.
13. The container for storage, transport, or shipping shall be labeled or color-coded according to Page 200, "Regulated Waste" of this program and closed prior to being stored, transported, or shipped. When a facility utilizes **Universal Precautions** in the handling of all specimens, the labeling/color-coding of specimens is not necessary provided containers are recognizable as containing specimens. This exemption only applies while specimens/containers remain within the facility. Labeling or color-coding in accordance with Page 195 "Labels and Signs" of this program is required when such specimens/containers leave the facility.
  - a. If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport, or shipping and is to be labeled or color-coded according to the requirements of this program;
  - b. If the specimen could puncture the primary container, the primary container shall be placed within a secondary container which is

puncture-resistant in addition to having the above described characteristics.

14. Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless the department can demonstrate that decontamination of such equipment or portions of such equipment is not feasible.
  - a. A readily observable label in accordance with Page 195 "Labels and Signs" of this program shall be attached to the equipment stating which portions remain contaminated.
  - b. The department shall ensure that this information is conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be taken.

#### PERSONAL PROTECTIVE EQUIPMENT

1. Provision. When there is occupational exposure, as described previously herein, departments must provide, at no cost to employees, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields, masks, eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.
2. Use. All departments shall ensure employees use appropriate personal protective equipment unless a department shows that an employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the



employee's professional judgment that in a specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. If an employee makes such a judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent similar occurrences in the future. Such investigation will incorporate the use of the Bloodborne Pathogen & Tuberculosis Exposure Report. A copy of the report is included on page 203 of this program.

3. Accessibility. Departments shall ensure appropriate personal protective equipment is readily accessible at the worksite or is issued to employees. Hypo-allergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.
4. Cleaning, Laundering, and Disposal. Departments shall clean, launder, and dispose of personal protective equipment required by this program at no cost to the employee.
5. Repair and Replacement. Departments shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.
6. If a garment is penetrated by blood or other potentially infectious materials, the garment shall be removed immediately or as soon as feasible.
7. All personal protective equipment shall be removed prior to leaving a work area in which protective equipment is required.
8. When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
9. Gloves. Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, non-intact skin, when performing vascular access procedures except as specified in Item d. immediately below, and when handling or touching contaminated items or surfaces.

- a. Disposable (single use) gloves such as surgical or examination gloves, shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.
- b. Disposable (single use) gloves shall not be washed or decontaminated for re-use.
- c. Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if cracked, peeling, torn, punctured, or exhibit other signs of deterioration, or when their ability to function as a barrier is compromised.
- d. If a department judges that routine gloving for all phlebotomies is not necessary then the department shall:
  - i. Periodically reevaluate this policy;
  - ii. Make gloves available to all employees who wish to use them for phlebotomy;
  - iii. Not discourage the use of gloves for phlebotomy; and
  - iv. Require that gloves be used for phlebotomy in the following circumstances:
    - (A) When the employee has cuts, scratches, or other breaks in his or her skin;
    - (B) When the employee judges that hand contamination with blood may occur, for example, when performing phlebotomy on an

uncooperative source individual; and

- (C) When the employee is receiving training in phlebotomy.

10. Masks, Eye Protection, and Face Shields. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.
11. Gowns, Aprons, and Other Protective Body Clothing. Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.
12. Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated, (e.g. autopsies, orthopedic surgery).
13. In addition to providing mouthpieces, resuscitation bags, pocket masks, or other ventilation devices for use in CPR procedures, Departments shall assure that all first aid/CPR training provided employees includes instruction in the use of such devices as well as the use of gloves, eye protection, surgical masks, and protective clothing in providing CPR or first aid.

#### HOUSEKEEPING

Worksites, laundry, sharp items and any other material known to be contaminated or with reasonable diligence would be suspected of being contaminated with body fluids or other potentially infectious material, shall be maintained, handled, and disposed so that the risk of exposure is eliminated or minimized. All procedures involving body fluids or other potentially infectious material shall be performed in such a manner as to minimize splashing, spraying, and aerosolization of these substances.

1. General. Departments shall ensure worksites are maintained in a clean and sanitary condition. Each department shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.
2. All equipment and environmental/working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.
  - a. Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.
  - b. Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the work-shift if they may have become contaminated during the shift.
  - c. All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.
  - d. Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical

means, such as brush and dust pan, tongs, or forceps.

- e. Reusable sharps contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

storage, transport, or shipping; and

- iii. Labeled or color-coded according to Page 195 "Labels and Signs" of this program.

- 4. Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

## REGULATED WASTE

- 1. Contaminated Sharps Discarding and Containment Standard.

- a. Closeable containers;
- b. Puncture resistant containers;
- c. Containers which are leak proof on sides and bottom; and
- d. Labeled or color-coded in accordance with Page 195 "Labels and Signs" of this program.

- 2. During use, containers for contaminated sharps shall be:

- a. Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries);
- b. Maintained upright throughout use; and
- c. Replaced routinely and not be allowed to overfill.

- 3. When moving containers of contaminated sharps from the area of use, the containers shall be:

- a. Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;
- b. Placed in a secondary container if leakage is possible. The second container shall be:

- i. Closable;
- ii. Constructed to contain all contents and prevent leakage during handling,

- 5. Other Regulated Waste Containment:

- a. Regulated waste shall be placed in containers which are:

- i. Closeable;
- ii. Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;
- iii. Labeled or color-coded in accordance with Page 195 "Labels and Signs" of this program; and
- iv. Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

- b. If outside contamination of the regulated waste container occurs, it shall be placed in a second container. The second container shall be:

- i. Closeable;
- ii. Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;
- iii. Labeled or color-coded in accordance with Page 195 "Labels and Signs" of this program; and

- iv. Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

Disposal Of All Regulated Waste Shall Be In Accordance With The State Of California, Medical Waste Management Act, California Health and Safety Code.

#### LAUNDRY

Contaminated Laundry Shall Be Handled As Little As Possible With A Minimum Of Agitation.

1. Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.
2. Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with Page 195 "Labels and Signs" of this program. When a facility utilizes **Universal Precautions** in the handling of all soiled laundry, alternative labeling or color-coding is sufficient if it permits all employees to recognize the containers as requiring compliance with **Universal Precautions**.
3. Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.
4. Departments shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.
5. When a facility ships contaminated laundry they must place such laundry in bags or containers which are labeled or color-coded in accordance with Page 195 "Labels and Signs" of this program.



**County of San Bernardino  
HUMAN RESOURCES  
RISK MANAGEMENT DIVISION/SAFETY SECTION**

**BLOODBORNE PATHOGENS PROGRAM  
HEPATITIS B VACCINE DECLINATION**

I understand that due to my occupational exposure to blood, body fluids or other potentially infectious material, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B Vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood, body fluids or other potentially infectious material and I want to be vaccinated with Hepatitis B Vaccine, I can receive the vaccination series at no charge to me.

NAME \_\_\_\_\_ SSN \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DISTRIBUTION: Original - Treating Facility  
Second Copy - Department  
Third Copy – County of San Bernardino, Risk Management Division/Safety Section





# County of San Bernardino

## BLOODBORNE PATHOGEN & TUBERCULOSIS EXPOSURE REPORT

(INSTRUCTIONS ON REVERSE SIDE)

<b>1. SECTION 1</b>				
2. Employee Name		3. Birth Date	4. S.S. #	
5. Home Address (number, street, apt. number)			6. Home Phone (      )	
7. (city, state, zip)			8. Work Phone (      )	
9. Hire Date	10. Job Classification		11. Employee #	
12. Dept. Org Code	13. Dept. Fund	14. Sub Fund	15. Location Code	
16. Department Name (specify section)				
17. Dept. Mailing Address (number, street, city, zip, mail code)				
<b>18. SECTION 2                      BLOODBORNE PATHOGEN EXPOSURE SECTION</b>				
19. Route of exposure: <input type="checkbox"/> Body <input type="checkbox"/> Clothing <input type="checkbox"/> Article <input type="checkbox"/> Sharps				
20. If SHARPS: Type and Brand of Sharp			Complete additional sharps information on reverse side	
21. Performing tasks as trained? <input type="checkbox"/> Yes <input type="checkbox"/> No   If no, corrective action taken:				
22. PPE Used: <input type="checkbox"/> Gloves <input type="checkbox"/> Gown <input type="checkbox"/> Apron <input type="checkbox"/> Goggles <input type="checkbox"/> Eye Shield <input type="checkbox"/> Other (specify)				
23. Exposure Transmission: <input type="checkbox"/> Skin w/break <input type="checkbox"/> Mouth <input type="checkbox"/> Left Eye <input type="checkbox"/> Right Eye <input type="checkbox"/> Puncture <input type="checkbox"/> Other (specify)				
24. Exposed body part: <input type="checkbox"/> Left <input type="checkbox"/> Right				
25. <input type="checkbox"/> Finger <input type="checkbox"/> Hand <input type="checkbox"/> Arm <input type="checkbox"/> Face/Head <input type="checkbox"/> Torso <input type="checkbox"/> Leg <input type="checkbox"/> Other (specify)				
26. Substance Involved: <input type="checkbox"/> Blood <input type="checkbox"/> Semen <input type="checkbox"/> Vaginal Secretions <input type="checkbox"/> Cerebrospinal Fluid <input type="checkbox"/> Other (specify)				
27. How Exposed:				
28. Extent of Exposure (explain and quantify if possible):				
29. Actions taken following exposure: <input type="checkbox"/> Washing <input type="checkbox"/> First Aid <input type="checkbox"/> Irrigation <input type="checkbox"/> Other (specify)				
30. Is the source known? <input type="checkbox"/> No <input type="checkbox"/> Yes   If yes, source name, date of birth:				
Source Status (to be completed by treating facility or Risk Management ONLY)				
31. <input type="checkbox"/> HCV+ <input type="checkbox"/> HCV- <input type="checkbox"/> HBV+ <input type="checkbox"/> HBV- <input type="checkbox"/> HIV+ <input type="checkbox"/> HIV- <input type="checkbox"/> Unknown				
<b>32. SECTION 3                      TUBERCULOSIS EXPOSURE SECTION (AIRBORNE)</b>				
33. How exposed:				
34. Length of time in contact with source:				
35. Is the source known? <input type="checkbox"/> No <input type="checkbox"/> Yes   If yes, source name, date of birth				
Source Status (to be completed by treating facility or Risk Management ONLY)				
36. <input type="checkbox"/> Unknown <input type="checkbox"/> Active TB <input type="checkbox"/> Rule out TB   Physicians name & phone:				

### EVALUATION/FOLLOW-UP TREATMENT AUTHORIZATION

Please provide this patient with medical evaluation/follow-up as provided by San Bernardino County Procedure, a copy of which has been previously provided. Above you will find background information relative to the incident. All billings for services are to be sent to:  
San Bernardino County Risk Management Division, 222 W. Hospitality Lane, Third Floor, San Bernardino, CA 92415-0016

Supervisor's Name (type or print)	Supervisor's Signature	Phone	Title	Date
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DISTRIBUTION: Original – Treating Facility    Second Copy - Risk Management





## Instructions for completing the Bloodborne Pathogen & Tuberculosis Exposure Report

This report includes medically sensitive information and is to be prepared and handled in strict confidence. Only these two pages are to be prepared as follows:

- 1) The employee delivers the first page to the approved medical facility to which he or she has been referred for evaluation and follow-up.
- 2) The second page is to be sent in a sealed envelope marked. *"Medically Sensitive and Confidential Information to be opened by Addressee only"*, to Human Resources/Risk Management Division, Attn: County Safety Officer, mail code 0016.
- 3) Additional information and requirements are contained in the Employee Safety & Health Manual in accordance with the California Code of Regulations, Title 8, Section 5193. Questions regarding this form and other safety related matters should be directed to the County Safety Officer.

This report is not to be copied or duplicated, nor is the information contained herein to be maintained in any fashion other than described above without the expressed written permission from the County Safety Officer. The information contained in the report is not to be released in any manner or to any person, other than outlined above, without review and approval by County Counsel, San Bernardino County. If the exposed employee desires to maintain a copy of this report, such copy is to be provided by the treating medical professional. San Bernardino County employees are hereby advised that in maintaining a personal copy of this report, they assume personal liability (both civil and criminal) for any release of confidential information on the source individual that may result from maintaining such personal copy.

### Instructions - Complete Section 1 (1-17) for all exposures.

1-11 Self explanatory.

12-15 This information can be obtained through your Human Resource Officer or Payroll Clerk.

16-17 Specify your department, section and mailing address with mail code.

### Complete Section 2 (19-31) For Bloodborne Pathogen exposures

19. What was contaminated on the source that came in contact with the employee.

20. Sharps – if a sharp (needle, razorblade, knife, etc.) was involved during the exposure and was being used in a controlled environment (hospital, medical aid, clinic, etc.), then document the type, brand and model of the sharp (e.g. 18g needle/ABC Medical/"No stick" syringe) and complete the following information:

#### Additional Sharps Information

A. Did the device being used have engineered sharps injury protection? ☐ Yes, continue ☐ No, skip to question B

1. Was the protective mechanism activated? ☐ Yes ☐ No

2. Did the exposure incident occur: ☐ Before ☐ During ☐ After activation

B. Exposed Employee: If sharp had no engineered sharps injury protection, do you have an opinion that such a mechanism could have prevented the injury? Explain: \_\_\_\_\_

C. Exposed Employee: Do you have an opinion that any other engineering administrative or work practice control could have prevented the injury? Explain. \_\_\_\_\_

21. Self explanatory.

22. Indicate what type of Personal Protective Equipment (PPE) was being worn while performing the procedure at the time the employee was exposed.

23. Indicate how the fluid or blood got into the employee's body. For example, blood in the eyes, puncture with a sharp, blood on skin that had a cut or scab, etc.

24-25. Indicate which part of the body was exposed.

26. Indicate what type of substance from the source individual came in contact with the employee's body part.

27. Exactly what was being done when the exposure occurred? For example, drawing blood, patting down a suspect, picking up a syringe with hands, etc.

28. Examples of Descriptive Terms: 2 drops or a quart of blood, a superficial or deep cut or puncture, etc.

29. Indicate what was done after the exposure to help the employee remove the substance involved.

30. Self-explanatory .

31. The treating facility or Risk Management will complete this section when applicable.

### Complete Section 3 (33-36) For Tuberculosis exposures

33. Exactly what was being done when the exposure occurred? For example, transporting the source in a vehicle, entered the room to deliver a tray, etc.

34. Indicate the span of time the employee was in contact with the tuberculosis patient; e.g. 5 minutes, 5 hours, etc.

35. Self explanatory.

36. The treating facility or Risk Management will complete this section when applicable.



**BLOODBORNE PATHOGEN EXPOSURE INCIDENT  
MEDICAL EVALUATION/FOLLOW-UP PROCEDURE**

The following procedures are established to protect the health of San Bernardino County employees who may suffer an **EXPOSURE INCIDENT** as defined in Title 8, California Code of Regulations, General Industry Safety Orders, Section 5193, Paragraph (b).

As required by Title 8, California Code of Regulations, General Industry Safety Orders, Section 5193, Paragraph (f) 3(B) 4, the medical evaluation/follow-up protocol defined below is in accordance with current recommendations of the U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control.

Prerequisites for participation in this medical evaluation/follow-up procedure by County employees are as follows:

1. The employee must have suffered a documented **EXPOSURE INCIDENT** as defined in Title 8, as referenced above;
2. The exposed employee must consent to blood testing for Hepatitis B and C Virus on the first visit for medical evaluation/follow-up;
3. With regard to potential HIV exposure, the exposed employee must, on the first visit, consent to provide a blood specimen for 90 day retention in the event HIV testing becomes necessary. HIV testing of this sample shall not be completed without additional consent from the patient.
4. The employee must consent to providing the San Bernardino County Safety Officer with copies of all medical reports and test results for thirty year retention as required by Title 8, Section 5193.

**San Bernardino County employees who do not consent to all four conditions above, shall not be provided medical evaluation/follow-up at County expense and may seek the medical evaluation/follow-up they deem necessary at their personal expense.**

**I. WOUND TREATMENT**

- A. If puncture/laceration wound is apparent:
  1. Cleanse area thoroughly.
  2. Apply topical treatments as deemed necessary.
  3. Dress wound as appropriate.
- B. Review Tetanus immunization status:
  1. If patient has received tetanus immunization within last ten years, no further vaccination is necessary.
  2. If patient has not had tetanus immunization within last ten years, administer 0.5cc IM.

**II. PATIENT CONSENT**

- A. Obtain patient consent for HBV and HCV blood draw and testing.
- B. Obtain patient consent for HIV blood draw for 90 day retention.
- C. Request patient consent for HIV testing of blood sample.
- D. Obtain patient consent to provide copies of all medical reports and test results to San Bernardino County Safety Officer.

### III. HEPATITIS B PROPHYLAXIS POST-EXPOSURE

#### A. If source individual HBV status is known to be **HBsAg (+)**:

1. If patient is unvaccinated for HBV:
  - a. Administer HBIG X 1 dose immediately.
  - b. Initiate Hepatitis B vaccination series following six month dosing protocol.
  - c. If patient refuses vaccine series:
    - I. Have patient sign Statement of Declination form.
    - II. Offer second HBIG dose one month after first dose.
2. If patient vaccinated for HBV:
  - a. Complete tests for anti-HBs on patient:
    - I. If inadequate antibody response, administer HBIG X 1 dose immediately and administer Hepatitis B vaccine booster dose.
    - II. If adequate antibody response, no further Hepatitis B treatment needed.

#### B. If source individual HBV status is known to be **HBsAg (-)**:

1. If patient unvaccinated for HBV:
  - a. Initiate Hepatitis B vaccination series following 6 month dosing protocol.
  - b. If patient refuses vaccine series, obtain signed Statement of Declination.
2. If patient vaccinated for HBV:
  - a. No further Hepatitis B treatment needed.

#### C. If source individual HBV status unknown:

1. If patient unvaccinated for HBV:
  - a. Determine whether HBsAg testing on source individual is or will be accomplished and obtain results.
  - b. If source individual HBsAg (+), administer HBIG X 1 dose to patient.
  - c. Initiate Hepatitis B vaccination series following 6 month dosing protocol.
  - d. If patient refuses vaccine series:
    - I. Obtain signed Statement of Declination.
    - II. Offer second HBIG dose one month after first dose if source individual HBsAg (+).
2. If patient vaccinated for HBV:
  - a. Determine whether HBsAg testing on source individual is or will be accomplished and obtain results.
  - b. Complete tests for anti-HBs on patient.
  - c. If source individual HBsAg (+) and patient anti-HBs (-):

- I. Administer HBIG X 1 dose immediately.
    - II. Administer Hepatitis B vaccine booster dose.
  - d. If patient anti-HBs (+):
    - I. No further Hepatitis B treatment needed.
- C. If unknown source individual or source status unable to be determined:
  - 1. If patient unvaccinated for HBV:
    - a. Initiate Hepatitis B vaccination series following 6 month dosing protocol.
  - 2. If patient vaccinated for HBV:
    - a. Complete testing for anti-HBs on patient:
      - I. If patient anti-HBs (+):
        - A. No further Hepatitis B treatment needed.
      - II. If patient anti-HBs (-):
        - A. Administer Hepatitis B vaccine booster dose.

#### IV. HIV POST-EXPOSURE MONITORING

- A. Source individual known HIV (+) or high risk:
  - 1. Request written consent for HIV antibody testing on patient:
    - a. If patient refuses HIV antibody testing:
      - I. Prepare documentation declining testing for patient's signature.
      - II. Obtain blood specimen from patient and request specimen be held for 90 days in the event patient later requests testing.
  - 2. Complete HIV antibody testing on patient:
    - a. If patient tests HIV (+):
      - I. Refer patient for evaluation, treatment, and counseling.
    - b. If patient tests HIV (-):
      - I. Repeat HIV antibody testing on patient at 6 weeks, 3 months, 6 months, and 1 year.
      - II. Provide counseling to patient regarding:

- A. Associated risk of exposure and seroconversion.
- B. Psychological impact of exposure.
- C. Safe sexual practices during 1 year testing period.
- D. Avoidance of pregnancy during testing period.
- E. Abstaining from blood donations during testing period.

III. Review signs and symptoms of HIV seroconversion with patient and instruct patient to return to office if the following signs or symptoms occur within 8-12 weeks following exposure:

- |                  |               |
|------------------|---------------|
| *Lymphadenopathy | *rash         |
| *headache        | *night sweats |
| *diarrhea        | *arthralgias  |
| *malaise         | *fever        |
| *myalgias        | *chills       |

B. Source individual known HIV (-):

- 1. Offer patient baseline HIV antibody testing.
- 2. If patient declines testing, prepare documentation declining testing for patient signature.
- 3. Obtain blood specimen from patient and request specimen be held for 90 days in the event patient later requests testing.
- 4. No further HIV action required.

C. Source individual known - HIV status unknown:

- 1. Determine whether source individual HIV antibody testing is or will be accomplished and obtain results:
- 2. Obtain consent for patient HIV antibody testing as outlined in III A.1 above.
- 3. Complete tests for patient HIV antibody.
- 4. If patient tests HIV (+) on baseline:
  - a. Refer patient for evaluation, treatment, and counseling.
- 5. If source individual tests HIV (-):
  - a. No further HIV action required.
- 6. If source individual tests HIV (+):
  - a. Follow guidelines as outlined in III A. above.
- 7. If source individual refuses HIV antibody testing:
  - a. Follow guidelines as outlined in III A. above.

D. Unknown source individual:

- 1. Follow guidelines as outlined in III A.

**County of San Bernardino  
CAO/HUMAN RESOURCES  
RISK MANAGEMENT DIVISION/SAFETY SECTION**

**HEPATITIS B VACCINE AUTHORIZATION**

To: \_\_\_\_\_ Address \_\_\_\_\_  
 \_\_\_\_\_ SSN \_\_\_\_\_  
**Name of Employee** **Job Title**

has requested immunization against Hepatitis B.

In providing service, please track this patient to assure the full series is completed. If after the patient has been reminded, he or she fails to proceed with the series, please contact the individual below authorizing this immunization.

Upon completion of the immunization series, please provide documentation of completion to the billing address shown below with a copy to:

Human Resources/Risk Management Division  
 Attn: County Safety Officer  
 222 W. Hospitality Lane, Third Floor  
 San Bernardino, CA 92415-0016

Billing detail to provided to:

County of San Bernardino \_\_\_\_\_  
**Department** **Attention**

\_\_\_\_\_  
**Street Address** **City** **State** **Zip**

Signed By \_\_\_\_\_ Department \_\_\_\_\_

Title \_\_\_\_\_ Telephone \_\_\_\_\_

Date \_\_\_\_\_

DISTRIBUTION: Original – Employee  
 Second Copy - Department  
 Third Copy – Risk Management Division/Safety Section





COUNTY OF SAN BERNARDINO  
**BLOODBORNE PATHOGEN PROGRAM**  
CODE OF SAFE WORK PRACTICES

Addendum E

1. San Bernardino County employees whose employment may result in personal contact with human body fluids, unfixed tissue/organs, cell tissue or organ cultures, are to unequivocally assume that all such agents are infectious for Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and/or other blood borne pathogens.

broken glass, or other sharp objects may be reasonably anticipated (vehicle accidents or disaster/emergency situations);
2. County employees whose work activities may reasonably be anticipated to have the potential for personal contact (eyes, mouth, mucous membrane, skin, open wounds) with the agents described in #1 above, shall follow established work rules and engage in work practices to avoid such personal contact.
3. All personal contact with infectious agents as defined in #1 and #2 above shall be reported immediately to the employees' supervisor as an "Exposure Incident".
4. Employees shall use protective clothing and/or equipment, which is provided by the County of San Bernardino, when any personal contact as described in #1 and #2 above may be reasonably anticipated during the course of employment.
5. Minimum protective clothing/equipment to be worn where contact with infectious agents may be reasonably anticipated is as follows:
  - a. Appropriate protective gloves by all employees who may come into contact with any source of exposure as described in #1 above and for all body cavity searches;
  - b. Protective eyewear or face shields where splash or mist exposure may be reasonably anticipated;
  - c. Protective gloves designed to be impervious to cuts or punctures where contact with contaminated metal,
  - d. Protective long sleeve gowns and protective shoe coverings where personal clothing/shoes or arms may reasonably be anticipated to become soaked or splashed with infectious agents.
6. An officer should use great caution in searching the clothing of suspects. Individual discretion, based on the current circumstances, should determine if a suspect or prisoner should empty their own pockets, or if the officer's skills should be used in determining the contents of a suspect's clothing.
7. A flashlight should be used to search hidden areas. Whenever possible, use long handled mirrors and flashlights to search such areas.
8. If searching a purse, contents should be emptied from the purse by turning it upside down over a surface on which contents can be examined before touching them.
9. Employees shall promptly wash hands and exposed skin upon removal of protective clothing/equipment. Employees shall **immediately** wash exposed areas following an "exposure incident".
10. Protective clothing/equipment as well as contaminated personal clothing shall be removed prior to leaving a contaminated area and proceeding to a non-contaminated area.
11. Infectious waste, used protective clothing/equipment, contaminated personal clothing/equipment and the product of contaminated spills clean-up shall be

processed as prescribed by the County of San Bernardino Bloodborne Pathogen Program.

12. Broken contaminated glass or other objects are not to be cleaned up by hand, gloved or otherwise. Brooms, dustpans, pieces of wood or cardboard or other such items are to be used in a way as to avoid any possibility of a cut or puncture wound.
13. Sharps, syringes, and all other contaminated items presenting the potential of a cut or puncture wound are to be disposed of or placed for transport into a hard container designed, designated and identified for such disposal or transport according to the requirement of the County of San Bernardino Bloodborne Pathogens Program.
14. Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses while wearing contaminated protective clothing/equipment or working in an environment where contact with infectious agents may be reasonably anticipated is strictly prohibited.
15. Food, drink, or condiments shall not be kept in refrigerators, freezers, shelves, cabinets, on counter or bench tops, or in work areas where contact with infectious agents may be reasonably anticipated.
16. Used needles and other used sharps shall not be bent, recapped, or removed

except as indicated below. Shearing or breaking of used needles is prohibited.

- a. Used needles and sharps shall not be recapped or removed unless it can be demonstrated that no alternative is feasible or that such is required by a specific medical procedure;
  - b. If recapping or removal is demonstrated to be necessary, the task must be accomplished through the use of a mechanical device or a one handed technique.
17. Employees are prohibited from reaching into or manually compacting any container which may be reasonably anticipated to contain used needles, sharps, or other contaminated waste.
  18. County employees as described in #1 above shall review the County of San Bernardino Bloodborne Pathogen Program at the time of assignment, following changes or revisions to the program, and at least annually.
  19. Without exception, protective gloves are to be put on prior to providing any first aid or emergency medical treatment.
  20. Without exception, protective eyewear is to be put on prior to providing any first aid or emergency medical treatment.
  21. Without exception, pocket masks or other such barrier devices are to be used whenever CPR is rendered.

I have read and understand the preceding safe work practices. I am aware that in addition to increasing the risk and possibility of serious illness, a serious and willful failure to comply with these work rules could result in a significant reduction in my benefits, per the California Labor Code, Section 4551, should an occupational illness result from such failure.

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Date

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Signature

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Social Security Number

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Print Name

**EMPLOYEE TRAINING CHECKLIST**  
**County of San Bernardino**

**Addendum F**

**(This report is to be completed by the Supervisor and New Employee within ten working days of employment or new job assignment. Additional forms are to be prepared as the employee receives safety training during the course of employment, at least annually).**

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

Date Employed: \_\_\_\_\_ SSN: \_\_\_\_\_ Dept. Assigned: \_\_\_\_\_

Job Title \_\_\_\_\_ Employee Past Work Experience: \_\_\_\_\_

- a. Has Employee taken pre-employment physical? ☐ yes ☐ no  
b. Are there any physical limitations? ☐ yes ☐ no

If answer to B is yes, please explain: \_\_\_\_\_

**I HAVE BEEN INSTRUCTED IN THE FOLLOWING SUBJECTS THAT ARE CHECKED:**

1. Safety policies and programs ☐ yes ☐ no
2. Safety rules, both general and specific to the job assignment ☐ yes ☐ no
3. Safety rule enforcement procedures ☐ yes ☐ no
4. Use of tools and equipment ☐ yes ☐ no
5. Proper work shoes and other personal protective equipment ☐ yes ☐ no
6. Handling of material ☐ yes ☐ no
7. Lifting and use of lifting equipment such as hoists and cranes ☐ yes ☐ no
8. How, when and where to report injuries ☐ yes ☐ no
9. Importance of housekeeping ☐ yes ☐ no
10. Special hazards of job ☐ yes ☐ no
11. When and where to report unsafe conditions ☐ yes ☐ no
12. Safe operation of vehicle ☐ yes ☐ no
13. Personal protective equipment: List Items \_\_\_\_\_
14. Hazardous materials: List Items \_\_\_\_\_
15. Tools/Equipment: List Items \_\_\_\_\_
16. List all training not indicated above (use back of form if necessary): \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Follow up on employee will be observed by \_\_\_\_\_

**Employee has performed operation to the satisfaction of the undersigned. An observation was completed on the date indicated.**

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

**IMPORTANT:** If employee is transferred to another job, an additional safety instruction report must be completed.



## BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

Department: \_\_\_\_\_ Division/Location: \_\_\_\_\_ Date of Preparation \_\_\_\_\_

In accordance with the San Bernardino County Bloodborne Pathogen Program, the following exposure control plan has been developed:

### A. PURPOSE

The purpose of this exposure control plan is to:

1. Eliminate or minimize employee occupational exposure to blood or certain other body fluids;
2. Conform with the elements set forth in the San Bernardino County Bloodborne Pathogen Program;
3. Comply with requirements of Title 8, California Code of Regulations, General Industry Safety Orders, Section 5193.

### B. EXPOSURE DETERMINATION

The State of California requires employers to perform an exposure determination assessing which employees may incur occupational exposure to blood or Other Potentially Infectious Materials (OPIM). The exposure determination must be made without regard to the use of personal protective equipment (i.e. under most circumstances, employees are considered to have occupational exposure even if they wear personal protective equipment when in contact with blood or body fluids). This exposure determination must list all job classifications in which employees may reasonably be anticipated to incur occupational exposure, regardless of frequency. This list does not include job classifications in which employees may suffer incidental occupational exposure to blood or body fluids that are neither reasonably nor routinely expected.

At \_\_\_\_\_ (name of department or location) the following job classifications are in this category:

(List job classifications) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

In addition, determining exposure requires a listing of job classifications in which some employees may have occupational exposure. Since not all employees in these categories would be expected to incur exposure to blood or other potentially infectious materials, the procedures that might cause these employees to have occupational exposure are also required to be listed. The purpose is to clearly understand which employees in these categories are considered to have occupational exposure. The job classifications and associated tasks for these categories are as follows:

<u>Job Classification</u>	<u>Task/Procedure</u>
_____	_____
_____	_____
_____	_____

## C. IMPLEMENTATION METHODOLOGY

### 1. COMPLIANCE METHODS

Universal precautions will be observed at \_\_\_\_\_ (name of department or location) in order to prevent hazardous contact with blood or other potentially infectious materials. All blood or body fluid will be considered infectious regardless of the perceived status of the source individual.

Engineering and work practice controls are utilized to eliminate or minimize exposure to employees. Where occupational exposure remains after institution of these controls, personal protective equipment must be utilized. At

\_\_\_\_\_ (name of department or location) the following engineering controls are utilized: (list controls, such as sharps containers, biosafety cabinets, prohibited work practices, required work practices, etc.)

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The above controls are examined and maintained or replaced on a regular schedule. The schedule for reviewing the effectiveness of the controls is as follows: (list schedule such as daily, once/week, etc. as well as list who has the responsibility to review the effectiveness of individual controls, such as the supervisor for each department, etc.)

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Handwashing facilities are available to employees who may be exposed to blood or other potentially infectious materials. These facilities are readily accessible in all work places at \_\_\_\_\_ (name of department or location). If handwashing facilities are not available (such as may be the case in field exposures), employees must use either an antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. If these alternatives are used, hands are to be washed with soap and running water as soon as feasible.

\_\_\_\_\_ (insert name of position/person, e.g. supervisors) shall ensure that after the removal of personal protective gloves, employees wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water.

### 2. CONTAMINATED NEEDLES AND SHARPS

Contaminated needles and other contaminated sharps **shall not** be sheared or purposely broken. Recapping, bending or removal of contaminated needles is permitted only when a medical procedure requires it and no alternative is feasible. If such action is required, then it must be done by the use of a mechanical device or a one-handed technique.

At \_\_\_\_\_ (name of department or location) bending, recapping or removal is only permitted for the following procedures: (List each procedure and also list the mechanical device to be used or alternately if one-handed technique will be used.)

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3. CONTAINERS FOR REUSABLE SHARPS

Contaminated sharps that are reusable are to be placed immediately after use into appropriate containers. At \_\_\_\_\_ (name of department or location) containers for reusable sharps are puncture resistant, labeled with a biohazard label and are leak proof. (List here where reusable sharps containers are located, who has responsibility for removing sharps from containers, manner of removal and how often the containers will be checked to remove the sharps.)

4. WORK AREA RESTRICTIONS

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter or bench tops where blood or other potentially infectious materials are, have been, or may be, present.

Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

All procedures must be conducted in a manner which will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials. Methods which are employed at \_\_\_\_\_ (name of department or location) to accomplish this are: (List methods, such as covers on centrifuges, usage of dental dams if appropriate, collection of evidence methods, control of suspects, etc.)

5. SPECIMENS

Specimens of blood or other potentially infectious materials are to be placed in a container which prevents leakage during collection, handling, processing, storage, transport or shipping of the specimens.

The container used for this purpose will be properly labeled or color coded and closed prior to storage transport or shipping.

Any specimens which could puncture a primary container will be placed within a secondary container which is puncture resistant.

If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container. Secondary containers shall meet all requirements for primary containers.

6. CONTAMINATED EQUIPMENT

\_\_\_\_\_ (insert name of position/person) is responsible for ensuring that equipment which has become contaminated with blood or other potentially infectious materials examined prior to servicing or shipping. Such contaminated equipment is to be decontaminated as necessary, unless decontamination is not feasible.

7. PERSONAL PROTECTIVE EQUIPMENT

PPE Provision

\_\_\_\_\_ (insert name of position/person) is responsible for ensuring that the following provisions are met.

All personal protective equipment used at \_\_\_\_\_ (name of department or location) is provided without cost to employees. Personal protective equipment is chosen based upon anticipated exposure to blood or other potentially infectious materials. Protective equipment is considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which protective equipment will be used. (Indicate how clothing will be provided to employees, e.g. who has responsibility for



distribution. List which procedures require protective clothing and the type of protection required.)

#### PPE Use

\_\_\_\_\_ (insert name of position/person/supervisor) is responsible to ensure that employees use appropriate PPE.

#### PPE Accessibility

\_\_\_\_\_ (insert name of position/person) is responsible to ensure that PPE in the appropriate sizes is readily accessible at the work site or is issued without cost to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives are available to those employees who are allergic to gloves normally provided.

#### PPE Cleaning, Laundering and Disposal

Personal protective equipment will be cleaned, laundered and/or disposed of by \_\_\_\_\_ (name department) at no cost to the employees. Necessary repairs and replacements are made at no cost to employees.

All protective garments which are penetrated by blood shall be removed immediately or as soon as feasible. All PPE will be removed prior to leaving the work area or location which requires the equipment.

When PPE is removed, it is to be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

#### Gloves

Gloves are to be worn where it can be reasonably anticipated that employees will have hand contact with blood, or other potentially infectious materials, when performing vascular access procedures, and when handling or touching contaminated items or surfaces.

Disposable gloves used at \_\_\_\_\_ (name of department or location) are not to be washed or decontaminated for re-use and are to be replaced when they become contaminated, if they are torn/punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for re-use provided that the integrity of the gloves is not compromised. Utility gloves are to be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

#### Eye and Face Protection

Masks in combination with eye protection devices, such as goggles or glasses with solid side shield, or chin length face shields, are required to be worn whenever splashes, spray splatter, or droplets of blood or other potentially infectious materials are generated and eye, nose, or mouth contamination can be reasonably anticipated. Personal eye glasses do not provide a sufficient level of protection. If eye glasses are worn, goggles which completely cover the glasses must also be worn to prevent exposure through the eyes. Situations at \_\_\_\_\_ (name of department or location) which would require such protection are as follows:

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Additional protective clothing (such as lab coats, gowns, aprons, clinic jackets, or similar outer garments) shall be worn in instances when gross contamination can be reasonably anticipated. The following situations require that such protective clothing be utilized:

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## 8. HOUSEKEEPING

Decontamination will be accomplished by utilizing the following materials: (List the materials which will be utilized, such as bleach solutions or EPA registered germicides)

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This facility is cleaned and decontaminated according to the following schedule: (List and schedule)

AREA	SCHEDULE	PROCEDURE AND CLEANER/SANITIZER USED
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

All contaminated work surfaces are to be decontaminated after completion of procedures and immediately after any spill of blood or other potentially infectious materials, as well as the end of the work shift if the surface has become contaminated since the last cleaning.

All bins, pails, cans, and similar receptacles which may be contaminated are inspected and decontaminated on a regularly scheduled basis (list frequency \_\_\_\_\_ and by position/person \_\_\_\_\_).

Broken glassware which may be contaminated is not to be picked up directly with the hands. A mechanical means (brush, dust pan, tongs or forceps) shall be used.

Reusable sharps contaminated with blood or other potentially infectious materials shall not be stored or discarded in a manner that requires employees to reach by hand into containers where sharps have been placed.

## 9. REGULATED WASTE DISPOSAL

### Disposable Sharps

Contaminated sharps are to be discarded immediately or as soon as feasible in containers that are closable, puncture resistant, leak proof on sides and bottom and properly labeled.

During use, containers for contaminated sharps are to be easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be anticipated to be found.

Sharps containers are to be maintained upright throughout use, replaced routinely, and are not to be allowed to overfill.

When moving containers of contaminated sharps from the area of use, the containers are to be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

The sharps container shall be placed in a secondary container if leakage of the primary container is a possibility. The second container shall be closeable, constructed to contain all contents and prevent leakage during handling, storage and transport, or shipping. The second container shall be properly labeled to identify its contents.

Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which will expose employees to the risk of percutaneous injury.

#### Other Regulated Waste

Other regulated waste shall be placed in containers which are closable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping.

A waste bag or container must be labeled and color coded, and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

NOTE: Disposal of all regulated waste shall be in accordance with applicable State and local regulations.

### 10. LAUNDRY PROCEDURES

Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible and with a minimum of agitation. Such laundry will be placed and transported in appropriate or color coded container. Such laundry will not be sorted or rinsed in the area of use.

Laundry at this facility will be cleaned at \_\_\_\_\_.

### 11. HEPATITIS B VACCINE AND POST-EXPOSURE EVALUATION AND FOLLOW-UP

#### General

The \_\_\_\_\_ (insert department name) makes available Hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post exposure follow-up to employees who have had an exposure incident.

(Insert position/person) \_\_\_\_\_ shall ensure that all medical evaluations and procedures including the Hepatitis B vaccine and vaccination series and post exposure follow-up, including prophylaxis are:

- a. Made available at no cost to employees;
- b. Made available at a reasonable time and place;
- c. Performed by or under the supervision of a licensed physician or by/under the supervision of another licensed healthcare professional at facilities selected from a list provided by San Bernardino County, Human Resources/Risk Management, Safety/Loss Prevention Section; and
- d. Provided according to the recommendations of the U.S. Public Health Service.

All laboratory tests shall be conducted by an accredited laboratory at no cost to the employee.

#### Hepatitis B Vaccination

\_\_\_\_\_ (insert name of position/person) is in charge of the Hepatitis B vaccination. (We contract with specific medical facilities to provide service. A list of approved facilities is available from Risk Management Division Safety Section).

Hepatitis B vaccination shall be made available after an employee has received training in occupational exposure (see information and training) and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete Hepatitis B vaccination series, antibody testing has

revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

Participation in a pre-screening program is not a prerequisite for receiving Hepatitis B vaccination.

If an employee initially declines Hepatitis B vaccination, but at a later date, while still covered under this program decides to accept vaccination, the vaccination shall then be made available.

All employees who decline the Hepatitis B vaccination shall sign a declination Form #04-19403-000 indicating their refusal.

#### Post Exposure Evaluation and Follow-up

All exposure incidents shall be reported, investigated, and documented. When an employee incurs an exposure incident, it shall be reported immediately to (list who has responsibility for investigation of exposure incidents): \_\_\_\_\_

Following a report of an exposure incident, an exposed employee shall immediately receive a confidential medical evaluation and follow-up, including at least the following elements:

- a. Documentation of the route of exposure, and the circumstances under which the exposure incident occurred;
- b. Identification and documentation of the source individual, unless it can be established that identification is impossible or prohibited by State or local law.
- c. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine Bloodborne Pathogen infectivity. If consent is not obtained, the (insert name of position/person) \_\_\_\_\_ shall establish that legally required consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.
- d. When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.
- e. Results of the source individual's testing is made available to the exposed employee. Employees are informed of applicable laws and regulations concerning disclosure of the identity and infectious status of a source individual. Such results are only given an exposed employee by the evaluating health care professional.

Collection and testing of blood for HBV and HIV serological status is to comply with the following:

- a. The exposed employee's blood shall be collected as soon as possible and tested, with employee consent, for HBV immediately;
- b. An employee will be offered the option of having a blood sample tested for HIV serological status. A blood sample must be provided and in the absence of testing consent, will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV serological status in the future.

All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up. All post exposure follow-up will be performed from among a list of health care providers selected by Human Resources/Risk Management Division/Safety Section.

#### Information Provided to the Healthcare Professional

The (insert name of position/person) \_\_\_\_\_ shall ensure that the healthcare professional responsible for evaluating an employee after an exposure incident is provided a copy of the form "Bloodborne Pathogen & Tuberculosis Exposure Report", County Form #15-19418-000 Rev 6/01. This will be accomplished by having the exposed employee hand carry a single copy to the healthcare professional.

## Healthcare Professional's Written Opinion

The (insert name of position/person) \_\_\_\_\_ shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

The healthcare professional's written opinion for HBV vaccination and post exposure follow-up shall be limited to the following information:

- a. Whether vaccination is indicated for employee and if employee has received such vaccination.
- b. A statement that the employee has been informed of the results of the evaluation; and
- c. A statement that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

Note: All other findings or diagnosis shall remain confidential and shall not be included in the written opinion.

### 12. LABELS AND SIGNS

\_\_\_\_\_ (insert name of position/person) shall ensure that biohazard labels are affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious materials, and other containers used to store, transport or ship blood or other potentially infectious materials.

The label will include a universal biohazard symbol and the legend BIOHAZARD. In case of regulated waste, the word BIOHAZARDOUS WASTE may be substituted for the BIOHAZARD legend. The label shall be fluorescent orange or orange-red.

Regulated waste bags or containers are also to be labeled.

Blood products that have been released for transfusion or other clinical use are exempted from labeling requirements.

### 13. INFORMATION AND TRAINING

\_\_\_\_\_ (insert name of position/person) will ensure that training is provided to employees at the time of initial assignment to tasks where occupational exposure may occur, and that it shall be repeated within twelve months of the previous training. Training will be interactive and cover the following elements:

- a. An accessible copy of the Title 8, General Industry Safety Orders, Section 5193, and an explanation of its contents;
- b. A discussion of the epidemiology and symptoms of bloodborne diseases;
- c. An explanation of the modes of transmission of bloodborne pathogens;
- d. Explanation of the \_\_\_\_\_ (insert department name) Bloodborne Pathogen Exposure Control Plan (this program), and a method for obtaining a copy.
- e. A review of tasks that may involve exposure.
- f. An explanation of the use and limitations of methods to reduce exposure, for example engineering controls, work practices and personal protective equipment.
- g. Information on the types, use, location, removal, handling, decontamination, and disposal of personal protective equipment.
- h. An explanation of the basis of selection of personal protective equipment.

- i. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- j. An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up.
- k. Information on the evaluation and follow-up required after an exposure incident.
- l. An explanation of the signs, labels, and color coding systems.
- m. An explanation of the Sharps Injury Log, needleless systems, needle devices with engineered sharps injury protection, and non-needle sharps with engineered sharps injury protection.

#### 14. RECORDKEEPING

##### Medical Records

The San Bernardino County Safety Officer is responsible for maintaining medical records related to occupational exposure as indicated below. These records will be kept at Risk Management Division Safety/Loss Prevention Section.

Medical records shall be maintained in accordance with Title 8, California Code of Regulations, Section 3204. These records shall be kept confidential, and not disclosed without employee's written consent and review of all requests for records by San Bernardino County Counsel, and must be maintained for at least the duration of employment plus 30 years. The records shall include the following:

- a. The name and social security number of the employee.
- b. A copy of the employee's HBV vaccination status, including the dates of vaccination and ability to receive vaccination.
- c. A copy of all results of examination, medical testing, and follow-up procedures.
- d. A copy of the information provided to the healthcare professional, including a description of the employee's duties as they relate to the exposure incident, and documentation of the routes of exposure and circumstances of the exposure.
- e. A confidential copy of the healthcare professional written opinion.

##### Training Records

\_\_\_\_\_ (insert name of position/person) is responsible for maintaining the following training records. These records will be kept at (location)\_\_\_\_\_

Training records shall be maintained for five years from the date of training. The following information shall be documented:

- a. The dates of the training sessions;
- b. An outline describing the material presented;
- c. The names and qualifications of persons conducting the training;
- d. The names and job titles of all persons attending the training sessions.
- e. Sharps Injury Log.

### Availability

Employee records shall be made available to the employee or to his designated representative for examination and copying upon request in accordance with Title 8, California Code of Regulations, General Industry Safety Orders, Section 3204.

All employee records shall be made available to the Chief of the Division of Occupational Safety and Health (DOSH) and the National Institute for Occupational Safety and Health (NIOSH).

### 15. EVALUATION AND REVIEW

\_\_\_\_\_ (insert name of position/person) is responsible for annually reviewing this program, and its effectiveness, and for updating this program as needed.

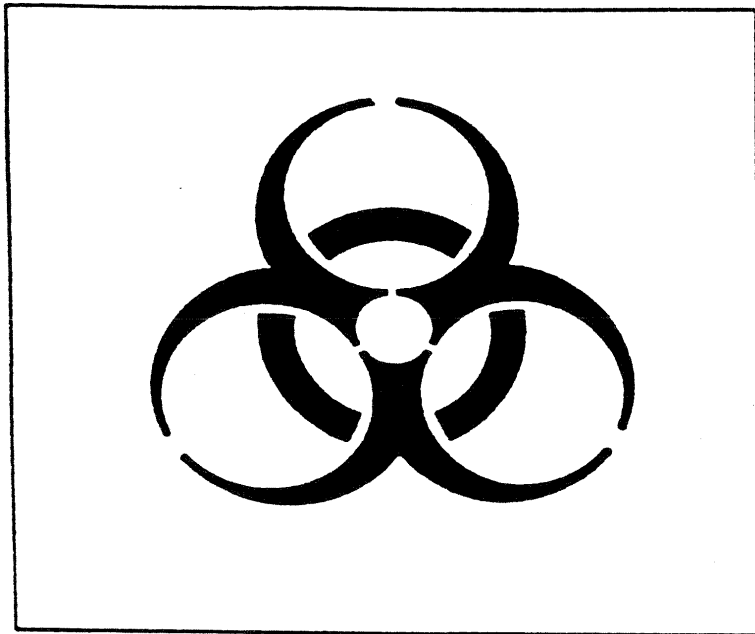
## LABELING REQUIREMENTS

Item	No Label Needed		Biohazard Label		Red Container
Regulated waste bags			X	and	X
Sharps containers (disposable and/or reusable)			X		
Refrigerator/Freezer holding blood or other potentially infectious material			X		
Containers used for storage, transport or shipping of blood or other potentially infectious materials			X	or	X
Blood/blood products for clinical use	X				
Individual specimen containers of blood or other potentially infectious materials remaining in facility	X	or	X	or	X
Contaminated equipment needing service (e.g. dialysis where the equipment; suction apparatus)			X (plus a label specifying contamination exists)		
Specimens and regulated waste shipped from the primary facility to another facility for service or disposal			X		
Contaminated laundry	X *	or	X	or	X
Contaminated laundry sent to another facility that does not use Universal Precautions			X	or	X

\* No label needed if Universal Precautions are used and specific use of container or item is known to all employees.



## **AUTHORIZED LABELING**



**BIOHAZARD**

Or in the case of Regulated Waste the Legend:

**BIOHAZARD WASTE**

**As described in Health & Safety Code Sections 25080-25082.**

These labels shall be flourescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.

## BLOODBORNE PATHOGEN PROGRAM EXPOSURE INCIDENT ACTION PROCEDURE

INITIATOR	ACTION
<b>EMPLOYEE</b>	<ol style="list-style-type: none"> <li>1. Performs immediate field decontamination procedures in the event of a specific exposure incident.</li> <li>2. Reports a specific exposure incident to responsible supervisor as soon as possible following incident - in no event to exceed end of work day of incident.</li> <li>3. Reports source individuals name and HIV/HBV status to supervisor if known.</li> <li>4. Personally meets with responsible supervisor prior to end of work shift to provide incident detail for supervisory reporting process.</li> <li>5. Reports to selected medical professional for medical evaluation/follow-up as referred by supervisor within 24 hours of exposure incident. Returns to medical professional for all necessary follow-up testing.</li> <li>6. Delivers original supervisor prepared report "Bloodborne Pathogen &amp; Tuberculosis Exposure Report", form #15-19418-000 Rev 6/01, to medical evaluator to which referred.</li> <li>7. Attends initial and annual training as scheduled by supervisor.</li> <li>8. Signs Vaccination Declination or reports to selected medical professional as referred by supervisor in a timely manner for Hepatitis B immunization series.</li> <li>9. Signs consent forms for blood draws, testing and release of medical information which are prerequisite for County paid medical evaluation/follow-up.</li> <li>10. Completes the Sharps Injury Log.</li> </ol>
<b>SUPERVISOR</b>	<ol style="list-style-type: none"> <li>11. Provide employee authorization for Hepatitis B vaccine series, upon request from employee for immunization.</li> <li>12. Prepares "Bloodborne Pathogen &amp; Tuberculosis Exposure Report", Form #15-19418-000 Rev 6/01, according to instructions on report form. Provides one copy to employee for delivery to medical evaluation provider.</li> <li>13. Sends second copy of "Bloodborne Pathogen &amp; Tuberculosis Exposure Report", Form #15-19418-000 Rev 6/01, <i>following specific instructions on how to send copy</i>, on reverse side of form, after assuring copy is legible.</li> <li>14. Upon employee report of an exposure incident, completes "Evaluation/Follow-Up Treatment Authorization" portion of Bloodborne Pathogen &amp; Tuberculosis Exposure Report, and refers employee to specific medical provider selected from list provided by Risk Management Division/Safety Section.</li> </ol>

INITIATOR	ACTION
<b>SUPERVISOR</b> Con't.	15. Assists employee in identifying source individual and assures that appropriate requests are initiated to determine the HIV/HBV status of source individual, or establish that such status is legally or otherwise unobtainable.
<b>MEDICAL CLINIC/EVALUATOR</b>	16. Provide employee services in connection with authorization for Hepatitis B immunization series.  17. Track employee immunization to assure completion of Hepatitis B immunization series.  18. Provide San Bernardino County with documentation of Hepatitis B immunization - one (1) copy to referring department and one (1) copy to County of San Bernardino, Human Resources/Risk Management Division/Safety Section, Attn: County Safety Officer, 222 W. Hospitality Lane, 3rd Floor, San Bernardino, CA. 92415-0016.  19. Provide employee with medical evaluation/follow-up upon authorization appropriate to exposure documentation provided by "Bloodborne Pathogen & Tuberculosis Exposure Report", County form #15-19814-000 Rev 6/01.  20. Obtain employee consent to draw blood.  21. Obtain employee consent to provide copies of all medical reports and test results to San Bernardino County Safety Officer.  22. Obtain consent for employee testing for Hepatitis B and Hepatitis C.  23. Obtain consent, if forthcoming, from employee for HIV testing or consent for blood to be drawn and sample to be retained for 90 days in the event employee consents to or desires HIV testing at a future date.  24. If employee refuses HBV HCV blood sample/testing or HIV blood draw for 90 day retention, discontinue medical evaluation/follow-up procedure, referring employee to personal physician for all future evaluation/follow-up at employee personal expense.  25. Contact individual named on exposure documentation ("Bloodborne Pathogen & Tuberculosis Exposure Report") for source individual information.  26. Contact employee in a timely manner with all results of HIV, HBV, and HCV testing; both of employee and source individual.  27. If requested by employee, provide employee with copy of form "Bloodborne Pathogen & Tuberculosis Exposure Report".  28. Provide confidential copies of all medical reports and test reports to San Bernardino County Safety Officer. All reports are to be sent in a sealed envelope marked <i>"Medically Sensitive and Confidential Information - to be opened by Addressee only"</i> , to Human Resources/Risk Management Division/Safety Section, Attn: County Safety Officer, 222 W. Hospitality Lane, 3rd Floor, San Bernardino, CA. 92415-0016.  29. Provide referring department with a copy of the physicians written opinion, which is to include only that information outlined on page 191 of the San Bernardino County Bloodborne Pathogen Program.  30. Provide employee with exposure education and counseling appropriate



INITIATOR	ACTION
<b>RISK MANAGEMENT DIVISION/SAFETY SECTION</b>	39. Provide consultation and training to all San Bernardino County Departments necessary for implementation of Bloodborne Pathogen Program.
	40. Receive all reports of exposure incidents for inclusion into Risk Management Division database and OSHA 200 logs. Audit all reports to assure accuracy.
	41. Prepare and provide departments list of approved providers of medical evaluation/follow-up treatment
	42. Pay all medical services invoices from approved pre-selected service providers in a timely manner.
	43. Refer all invoices for medical services at non-approved provider to appropriate department for payment.
	44. Monitor all medical evaluation/follow-up treatment to assure that care is provided non-adversarily and according to established guidelines.
	45. Upon receipt of documentation, reimburse County departments all funds paid in the form of medical expenses in connection with Bloodborne Pathogen Program.
	46. Maintain cost documentation with regard to law enforcement HIV testing sufficient to recover costs under SB90 provisions.

safety/docs/sftymnl/bloodborne pathogen program  
(rev 7-01)

## ADDENDUM I

**Department:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:**\_\_\_\_\_ **State:**\_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Date filled out:** \_\_\_\_\_ **By:** \_\_\_\_\_ **Ph. No: (    )** \_\_\_\_\_

**Date of exposure:** \_\_\_\_\_ **Time of day:** \_\_\_\_\_

**Explain the exposure incident exactly:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Job classification:** ☐ MD ☐ Nurse ☐ Medical Asst. ☐ Phlebotomist/Lab tech ☐ Housekeeper/Laundry  
☐ CAN/HHA ☐ Law & Justice ☐ Student ☐ Other \_\_\_\_\_

**Department/Location:** ☐ Patient room ☐ Emergency dept. ☐ Procedure room ☐ Operating room  
☐ CCU/ICU ☐ Clinical laboratory ☐ Medical/outpatient clinic  
☐ Service/Utility area (disp. rm./laundry) ☐ Home ☐ Other \_\_\_\_\_

**Procedure:** ☐ Draw venous blood ☐ Draw arterial blood ☐ Injection, through skin  
☐ Start IV/set up heparin lock ☐ Heparin/saline flush ☐ Cutting ☐ Suturing  
☐ Search ☐ Other \_\_\_\_\_

**Did the exposure incident occur:**

☐ During use of sharp   ☐ Disassembling   ☐ Between steps of a multi-step procedure

☐ After use and before disposal of sharp   ☐ While putting sharp into disposal container

☐ Sharp left, inappropriate place (table, bed, etc.)   ☐ Other \_\_\_\_\_

**Body part involved:**    ☐ Finger   ☐ Hand   ☐ Arm   ☐ Face/head   ☐ Torso   ☐ Leg   ☐ Other \_\_\_\_\_

**Identify sharp involved:**    ☐ Type: \_\_\_\_\_    ☐ Brand: \_\_\_\_\_    ☐ Model: \_\_\_\_\_  
(e.g., 18h needle/ABC Medical/"no stick" syringe)

**Did the device being used have engineered sharps injury protection?**    ☐ Yes    ☐ No    ☐ Don't know

**Was the protective mechanism activated?**      ☐ Yes - fully    ☐ Yes - partially    ☐ No

**Did the exposure incident occur:** ☐ Before ☐ During ☐ After activation

**Exposed employee:** If sharp had no engineered sharps injury protection, do you have an opinion that such a mechanism could have prevented injury? ☐ Yes ☐ No  
Explain:

**Exposed employee:** Do you have an opinion that any other engineering, administrative or work practice Control could have prevented the injury? ☐ Yes ☐ No  
Explain: